The Mapping of the Human 52-kD Ro/SSA Autoantigen Gene to Human Chromosome II, and Its Polymorphisms

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Summary

Autoantibodies to Ro/SSA occur in nearly half of the patients with systemic lupus erythematosus and are associated with lymphopenia, photosensitive dermatitis, and pulmonary and renal disease, which suggests that they have an immunopathologic role. The majority of Ro/SSA precipitin-positive patients produce serum antibodies that bind to the 60-kD and 52-kD Ro/SSA proteins. We previously isolated and determined the nucleotide sequence of a cDNA clone that encodes the 52-kD form of the human Ro/SSA protein. In the present study, we have determined the chromosomal location of the gene by in situ hybridization to the end of the short arm of chromosome 11. Hybridization of portions of the cDNA probe to restriction enzyme—digested DNA indicated the gene is composed of at least three exons. The exon encoding the putative zinc fingers of this protein was found to be distinct from that which encodes the leucine zipper. An RFLP of this gene was identified and is associated with the presence of lupus, primarily in black Americans.

Introduction

Systemic lupus erythematosus (SLE) is a rheumatic, multisystemic autoimmune disease that affects approximately 1/1,000 females and occurs in approximately nine times as many females as males. Racial variations in the incidence of this disease have been reported (Rothfield 1985; Fessel 1988). Patients with this disease can have combinations of arthritis, skin rashes, serositis, and hematological, neuropsychiatric, and immunological abnormalities (Tan et al. 1982). While SLE is not inherited as a simple Mendelian trait, evidence for a genetic basis for lupus is strong. The incidence of the disease among first-degree relatives of lupus patients is approximately 100 times

higher than that which is found in the general population (Leonhardt 1964; Arnett and Shulman 1976). The concordance rate in MZ twins varies between 24% and 69%, as opposed to 2%–5% in DZ twins (Block et al. 1975, 1976; Winchester and Lahita 1987; Deapen et al. 1992). On the basis of these estimates, the number of genes that contribute to susceptibility to SLE has been calculated to be between two and four, depending on the assumed dominance relationships between alleles at these loci (Winchester and Lahita 1987). It has been suggested that one of these may be a dominant susceptibility locus for autoimmune disorders (Bias et al. 1986).

High concentrations of serum autoantibodies directed against particular intracellular components are a common feature of lupus and have allowed the subclassification of patients into more homogeneous subsets for study (Wasicek and Reichlin 1982; Smolen et al. 1985; Mond et al. 1989). Autoantibodies that bind to the ribonucleoprotein Ro/SSA occur in 35%–50% of SLE patients and in up to 97% of patients with Sjogren syndrome (Harley et al. 1986; Reichlin 1986). This Ro/SSA particle consists of a single 60-kD immu-

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noreactive protein noncovalently bound with one of four small (83–112 nucleotides) RNA molecules (Clark et al. 1969; Alspaugh and Tan 1975; Lerner et al. 1981; Wolin and Steitz 1984; Yamagata et al. 1984). The majority of anti-Ro/SSA-positive sera have antibodies that bind to the 60-kD Ro/SSA protein in western blots, as well as to a 52-kD Ro/SSA protein (Ben-Chetrit et al. 1988; Rader et al. 1989; Itoh et al. 1990). Antibodies eluted from the 52-kD band bind back to the 52-kD protein but not to the 60-kD Ro/SSA protein. Similarly, antibodies eluted from the 60-kD Ro/SSA protein do not bind to the 52-kD protein, which suggests significant differences in these proteins (Itoh et al. 1990). The functions of these Ro/SSA proteins have not been determined.

Autoantibodies to Ro/SSA have been isolated from acid eluates of nephritic kidneys of lupus patients (Maddison and Reichlin 1979), and strong associations with clinical aspects of the disease have been reported, which suggests that they have pathophysiologic importance (Maddison et al. 1979; Wasicek and Reichlin 1982; Smolen et al. 1985; Harley et al. 1989; Hedgpeth and Boulware 1989; Mond et al. 1989). Anti-60-kD Ro/SSA antibodies can cross the placenta and have been implicated in the dermatitis and congenital heart block of infants with neonatal lupus that were born to anti-60-kD Ro/SSA-positive mothers (Watson et al. 1984; Ramsey-Goldman et al. 1986; Silverman et al. 1991). However, virtually all of these studies either were performed before the 52-kD Ro/ SSA antigen was appreciated or failed to examine associations with the anti-52-kD Ro/SSA autoantibodies by using purified 60-kD Ro/SSA protein in their assays. It is only recently, with the advent of electrophoretic techniques to separate the 52-kD Ro/SSA species from La/SSB (Buyon et al. 1990) and the recent availability of a recombinant 52-kD protein, that a clear distinction between the coordinately expressed anti-60-kD and -52-kD Ro/SSA autoimmune responses can be made. By such methods, data from Buyon et al. (1989) indicate that anti-La/SSB and anti-52-kD Ro/SSA autoantibodies, but not anti-60kD Ro/SSA antibodies, are associated with clinical features of neonatal lupus.

To better appreciate such distinctions and to further our analysis of immunogenetic parameters affecting anti-Ro/SSA autoantibody production (Frank et al. 1990; Fujisaku et al. 1990), we have cloned and sequenced the cDNA that encodes the 52-kD Ro/SSA protein (Itoh et al. 1991). A similar cDNA sequence, which differs in a single replacement substitution in

the coding region, was simultaneously reported by Chan et al. (1991). No relationship between the 60-kD and 52-kD cDNA or their predicted protein sequences was observed, which is consistent with the absence of immunological cross-reactivity (Deutscher et al. 1988; Ben-Chetrit et al. 1989). The 52-kD Ro/SSA protein appears to be novel in that it contains motifs both for zinc fingers and for a leucine zipper. This suggests that it may function in nucleic acid binding. In the present study, we have further characterized the gene that encodes this protein. We report the mapping of this gene to chromosome 11, and we discuss findings of the exon structure and polymorphisms of this locus.

Material, Subjects, and Methods

Chromosome-Spread Preparation

In situ hybridization was carried out on chromosome preparations obtained from phytohemagglutinin-stimulated human lymphocytes cultured for 72 h. 5-Bromodeoxyuridine was added for the final 7 h of culture (60 μ g/ml of medium) to ensure good-quality posthybridization chromosomal banding.

Probe Preparation and In Situ Hybridization

The cDNA encoding the 52-kD Ro/SSA protein containing a 1,843-bp insert in pUC18 (Itoh et al. 1991) was tritium labeled by nick-translation to a specific activity of 1.3×10^8 dpm/µg. The radiolabeled probe was hybridized to metaphase spreads at a final concentration of 6 ng/ml of hybridization solution, according to a method described elsewhere (Mattei et al. 1985). After being coated with nuclear-track emulsion (Kodak NTB2), slides were exposed for 25 d at 4°C and then were developed. To avoid any slipping of silver grains during banding procedures, chromosome spreads were first stained with buffered Giemsa solution and the metaphase spreads were photographed. R-banding was then performed using the fluorochrome-photolysis-Giemsa (FPG) method, and metaphase spreads were rephotographed before analysis (Perry and Wolff 1974).

Patients and Controls

Peripheral blood was collected from 141 SLE patients undergoing treatment at clinics of either the University of Oklahoma Health Sciences Center (Oklahoma City) or Hokkaido University (Sapporo). Patients in both countries met the revised diagnostic criteria

for SLE (Tan et al. 1982). Of the 65 patients who lived in the Oklahoma City area, 26 were black and 39 were Caucasian; the remaining patients were Japanese. The overall proportion of female patients was 87%, which is in agreement with the sexual distribution of this disease. Patient sera were tested for their anti-Ro/ SSA activity by Ouchterlony double immunodiffusion against calf thymus extract and were confirmed by counterimmunoelectrophoresis against human tissue extract. Levels of anti-52-kD Ro/SSA autoantibodies were determined by ELISA using a human recombinant 52-kD Ro/SSA protein. Peripheral blood was also collected from 76 healthy controls. Because the incidence of SLE is much higher among first-degree relatives of patients than in the general population (Leonhardt 1964; Arnett and Shulman 1976), only healthy individuals who lacked SLE in their immediate family were solicited from the general population. Twenty-nine of the 60 Oklahoma City-based controls were black, and 31 were Caucasian. Seventy percent of all controls were female, although the distribution of the 52-kD Ro/SSA Bg/II RFLP did not differ between females and males.

cDNA Probes

The 1,843-bp cDNA containing the coding region for the 52-kD Ro/SSA protein (Itoh et al. 1991) was separately digested with the restriction enzymes BamHI, RsaI, and PstI. Three subregions of this cDNA were cloned: a 5' 440-bp EcoRI-RsaI fragment that includes the coding region for the putative zinc fingers, an internal 141-bp PstI fragment that contains the coding region of the leucine zipper, and a 539-bp BamHI fragment that contains the coding region for the COOH-terminal third of the protein. The fulllength cDNA and each subregion were individually radioactively labeled (Feinberg and Vogelstein 1983, 1984) and were used as probes for restriction mapping and RFLP analysis. Restriction endonucleases, the Klenow fragment of Escherichia coli DNA polymerase, and T4 DNA ligase were purchased from Promega Biotech (Madison, WI) and Bethesda Research Laboratories (Gaithersburg, MD). [α-32P]dCTP was purchased from ICN Pharmaceuticals (Costa Mesa, CA).

Determination of the Exon Structure and RFLPs of the 52-kD Ro/SSA Gene

DNA was extracted from peripheral blood leukocytes with proteinase K and phenol (Frank et al. 1990). Ten-microgram samples of genomic DNA were digested with restriction enzymes and were subjected to agarose gel electrophoresis. DNA was transferred to nylon membranes by the method of Southern (1978). After hybridization to nucleic acid probes, membranes were washed to high stringency with 0.2 × SSPE (30 mM NaCl, 2 mM NaH₂PO₄, 0.2 mM EDTA, pH 7.0) and 0.1% SDS at 65°C and were subjected to autoradiography.

Results

The 52-kD Ro/SSA Gene Maps to Chromosome 11 by In Situ Hybridization

In order to determine the chromosomal location of the gene encoding the 52-kD Ro/SSA protein, metaphase chromosome spreads from phytohemagglutinin-stimulated peripheral blood mononuclear cells were hybridized to the full-length radiolabeled 52-kD cDNA probe (Itoh et al. 1991). Of the 100 spreads that were examined after in situ hybridization, 334 silver grains were associated with the chromosomes. Seventy (20.9%) of these were located on chromosome 11 (fig. 1, left), which comprises approximately 4% of the human genome (Morton et al. 1982). The remaining silver grains were equally distributed among the other chromosomes. The distribution of grains on chromosome 11 was not random. Fifty-eight (82.8%) of 70 mapped to the p15.3-p15.5 region of the chromosome 11, with the majority in the p15.5 band (fig. 1, right). These results allowed us to map the gene encoding the 52-kD Ro/SSA protein to the terminal portion of the short arm of this chromosome in the human genome.

The Zinc Finger and Leucine Zipper Motifs Are Encoded by Separate Exons

A restriction-enzyme map of the gene encoding the 52-kD Ro/SSA protein was determined from genomic DNA from three healthy Caucasian donors, after digestion with the restriction enzymes EcoRI, EcoRV, BglII, KpnI, and HindIII. DNA was transferred to nylon membranes (Southern 1978) and hybridized with a radiolabeled full-length cDNA probe that encodes the 52-kD Ro/SSA protein. To explore the exon structure of this gene, fragments of the whole cDNA were isolated and used as probes. Probe A consisted of the 5' 440 bp of the cDNA; probe B contained nucleotides 632–772; while probe C contained nucleotides 912–1449, which encode approximately the COOHterminal third of the protein. All restriction-enzyme fragments that hybridized to the full-length cDNA

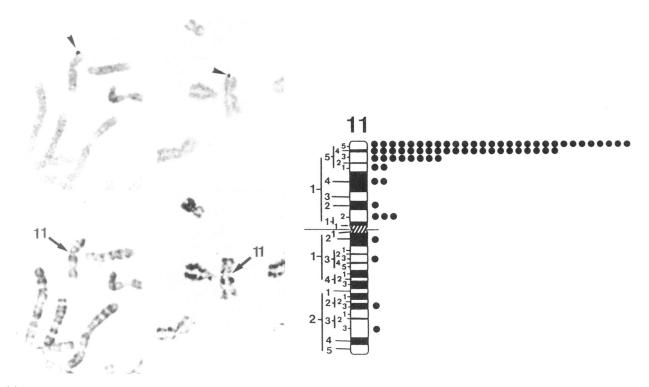


Figure 1 Chromosomal location of the 52-kD Ro/SSA gene. Left, Two partial human metaphase chromosome spreads showing the specific site of hybridization to chromosome 11. In the top photographs, arrowheads indicate the positions of silver grains on Giemsa-stained chromosomes after autoradiography. In the bottom photographs, the same chromosomes are identified by R-banding (FPG technique). Right, Ideogram of the human G-banded chromosome 11 illustrating the distribution of labeled sites for the 52-kD Ro/SSA gene probe. Dots indicate silver grains counted in the adjacent regions of the chromosome.

probe were accounted for with these subregion probes (table 1). A restriction-enzyme map of this gene was determined using these probes, after digestion with combinations of these restriction enzymes (fig. 2). Probe A hybridized between an *EcoRV* site and a *BglII*

site (fig. 2, left shaded region) upstream of a HindIII-EcoRI region, which hybridized to probe B (fig. 2, right shaded region). We were able to position the COOH-terminal exon by using the internal BglII site of probe C. Analysis of the predicted amino acid se-

Table I
Restriction-Enzyme Fragments of the 52-kD Ro/SSA Locus

Restriction Enzyme	Size of Hybridizing Fragment ^a (kb)				
	Whole cDNA	Α	В	С	
EcoRI	13.5 and 4.1	13.5	13.5	4.1	
EcoRV	9.5	9.5	9.5	9.5	
HindIII	6.0 and 3.95	6.0	3.95	3.95	
КрпІ	6.0 and 3.8	3.8	6.0	6.0	
Bg/II	3.75 and $1.5/1.3$ ^b	$1.5/1.3^{b}$	3.75	3.75	

^a Fragments of the full-length cDNA designated A, B, and C are described in the Material, Subjects, and Methods section. The four individual probes are listed above each column.

^b The polymorphic BglII 1.5- and 1.3-kb RFLPs were identified with probe A.

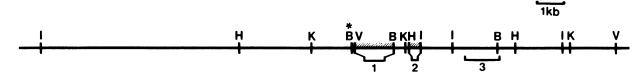


Figure 2 Restriction-enzyme map of the 52-kD Ro/SSA locus. Three exons were identified using probes from different areas of the coding region of the 52-kD cDNA. Probe A hybridized to exon 1, probe B to exon 2, and probe C to exon 3. I = EcoRI; H = HindIII; K = KpnI; B = BgII; and V = EcoRV. An asterisk (*) indicates the polymorphic BgIII site.

quence of the 52-kD Ro/SSA protein suggested the presence of zinc fingers (encoded by nucleotides 84–407) and a leucine zipper (nucleotides 669–734) on this protein (Itoh et al. 1991). These data indicate that these motifs are encoded by separate exons. Both of these structures have been identified on other proteins that are known to bind to nucleic acids (Hanas et al. 1983; Berg 1986; Evans and Hollenberg 1988; Landschulz et al. 1988; Johnson and McKnight 1989).

Polymorphisms and Racial Variations of the 52-kD Ro/SSA Gene

DNA was digested from 20 SLE patients by using the restriction enzymes EcoRI, EcoRV, BglII, KpnI, and HindIII. When the full-length 52-kD cDNA was used as a probe, a BglII 3.75-kb band was detected in all individuals. Polymorphic bands of 1.5 and 1.3 kb were also observed (fig. 3). The inheritance of these RFLPs was studied in three simplex families and was consistent with that of a single-locus, autosomal codominant trait (data not shown). No RFLPs were observed with the other four enzymes. By using the three nonoverlapping probes that span the coding region (described in the previous section), the polymorphic BglII RFLP bands were detected only after hybridization with the 5' 440-bp region probe. (The other two subregion probes hybridized with the invariant band.) We have mapped the polymorphic BglII site at or immediately adjacent to the initiation codon of this gene. Since the chromosomal sequence of this gene is unknown, the exact location has not been determined. However, analysis of the nucleotide sequences of the cDNA in this region indicates the presence of five of the six bases of a BglII recognition site 36 bp upstream of the initiation codon (Chan et al. 1991).

In order to determine the frequency of this RFLP and to analyze its disease significance, DNA was initially digested with *Bgl*II from 65 SLE patients and from 44 healthy controls. The 1.3-kb RFLP band was absent

in 42% of patients but in none of the controls (χ^2 = 6.18, P = .01), which suggests a difference in the proportion of 1.5-kb RFLP homozygotes between these groups. To further appreciate these differences, we have determined the RFLP genotype from 141 patients and 76 controls. Our initial association between

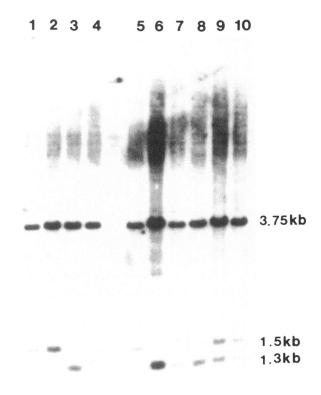


Figure 3 Restriction-enzyme-length polymorphisms of the 52-kD Ro/SSA gene. DNA isolated from 10 SLE patients was digested with Bg/II and hybridized to the full-length cDNA for the 52-kD Ro/SSA gene. Lanes 1, 2, and 5, Homozygous pattern for the 1.5-kb RFLP. Lanes 3 and 6-8, Homozygous pattern for the 1.3-kb RFLP. Lanes 4, 9, and 10, Heterozygous pattern. The sizes of the hybridizing fragments are shown to the right of the figure.

Table 2
Distribution of RFLPs among Patients and Controls

Group	No. of Subjects				
	1.5-kb RFLP Band ^a		1.3-kb RFLP Band ^b		
	+		+	_	
SLE Control	100 49	41 27	98 66	43 10	

NOTE. — A plus sign (+) denotes presence of the RFLP band, and a minus sign (-) denotes absence of the RFLP band.

SLE and homozygosity for the *Bgl*II 1.5-kb RFLP was maintained (table 2).

Because of the apparent association of this RFLP with the disease and because of the reported variation in the incidence of SLE in different races (Rothfield 1985), we have investigated the effect of race and this RFLP on lupus. The number and proportion of individuals with each RFLP genotype are listed in table 3. Within each race, the proportion of the BglII 1.5-kb homozygote controls was always less than that in patients. In fact, there were no 1.5-kb homozygotes among healthy Japanese. However, differences in the genotypic distribution between races were apparent. A highly significant statistical association between this RFLP and lupus is limited to the black Americans in this study ($\chi^2 = 15.04$, P < .0005). No significant difference in the distribution of the genotypes between patients and healthy controls was found in the Caucasian or Japanese cohorts, although the proportion of 1.5-kb RFLP homozygous controls was lower, particularly among Japanese. No associations between these RFLPs and either (a) the presence or titers of anti-52-kD autoantibodies or (b) particular clinical manifestations of this disease have been detected. These data indicate that this newly identified polymorphism may serve as a general disease marker within particular racial groups.

Discussion

Previously our laboratory reported the sequence of a cDNA that encodes the 52-kD human Ro/SSA protein (Itoh et al. 1991). This cDNA contained a single open reading frame of 1,425 nucleotides, which encodes a predicted 475-amino-acid polypeptide with a predicted molecular mass of 54,108 daltons. A similar predicted protein sequence was simultaneously reported by Chan et al. (1991). This 52-kD protein appears to be unique in that it contains both zinc fingers and a leucine zipper motif. Similarities between the zinc finger motif of 52-kD Ro/SSA protein and those of two other proteins, rfp and rpt-1, have been found. Each of these proteins contains multiple zinc fingers in the NH2-terminal 145-amino-acid residues, which are conserved in amino acid sequence and spacing but are quite different from zinc fingers of many other proteins, which suggests that these may represent a novel family of proteins. The function of rfp is unknown; however, a portion of this gene has been shown to undergo translocation in human thyroid papillary carcinomas and lymphomas (Takahashi and Cooper 1987; Takahashi et al. 1988; Greico et al. 1990). Within the short arm of chromosome 11, a number of fragile sites have been identified (11p13-11p15.1), and gene rearrangements have been associated with particular tumors (Sutherland 1990). Analy-

Table 3

Number and Percentage of Subjects for the *Bg/II* RFLP Genotypes

Group and Race	No. (%) of Subjects with Genotypes			
	1.5/1.5	1.5/1.3	1.3/1.3	Total
SLE:				4
Black	18 (69)	7 (27)	1 (4)	26 (100)
Caucasian	9 (23)	18 (46)	12 (31)	39 (100)
Japanese	16 (21)	32 (42)	28 (37)	76 (100)
Control:				
Black	6 (21)	13 (45)	10 (34)	29 (100)
Caucasian	4 (13)	18 (58)	9 (29)	31 (100)
Japanese	0 (0)	8 (50)	8 (50)	16 (100)

 $^{^{}a} \chi^{2} = 0.68; P < .41.$

 $^{^{}b}$ $\chi^{2} = 7.13$; P < .008.

ses of genes that are altered in the Wilms tumor 11p13 chromosomal rearrangement suggest a zinc finger-containing protein (Rauscher et al. 1990). However, the zinc fingers encoded by this putative Wilms tumor locus and by the 52-kD Ro/SSA protein are clearly different, and lupus erythematosus has not been associated with tumor development. We have found no evidence of translocation of the zinc-finger exon of this Ro/SSA protein in peripheral blood cells of lupus patients or controls by using restriction enzyme-digest analyses.

It is of interest that the BglII polymorphism that occurs in a gene encoding the 52-kD Ro/SSA autoantigen is not associated with anti-52-kD Ro/SSA antibodies but, rather, with the disease as a whole. Experiments that focus on the location and nature of this nucleic acid difference, as well as on the function of 52-kD Ro/SSA protein, will be critical in the understanding of the disease association reported here. Other reports of allelic variants associated with lupus in particular ethnic groups, which are not associated with autoantibodies, have been reported for antigenrecognition molecules, such as a T cell receptor a RFLP (Tebib et al. 1989), and Gm and Km allotypic markers of immunoglobulins (Fedrick et al. 1983; Whittingham et al. 1983; Schur et al. 1985; Stenszky et al. 1986; Hoffman et al. 1991). We have identified gene markers at the T cell receptor β locus and HLA-DQ, both of which are associated with the presence of anti-60-kD Ro/SSA antibodies (Frank et al. 1990; Fujisaku et al. 1990).

Our analysis of this RFLP indicates a strong association with the presence of lupus in black Americans. While it is possible that this RFLP is a marker for an important linked locus in SLE, the presence of hightiter autoantibodies that bind to this gene's product in a high proportion of these patients argues against this possibility. Determination of the nucleotide sequence of this gene from blacks of different genotypes will be necessary to understand the physiologic significance of this association. The paucity of the 1.5-kb homozygotes in Caucasian and Japanese controls may be suggestive that this association extends to other races. Family studies will be particularly valuable in determining the extent to which the disease cosegregates with the RFLP in multiplex SLE families. Race-related genetic heterogeneity in the transmission of lupus might be demonstrated by such means. The analysis of other disease-associated gene markers and the BglII RFLP will be needed to test this hypothesis. Future studies using this 52-kD Ro/SSA gene marker and polymorphisms at other loci whose products are active in the immune system should also be important in furthering our understanding of both the genetic basis and the immunopathology underlying this disease.

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